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Fill in this information to identify your case:	的基础和	
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF INDIANA		
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name				
	Write the name that is on your government-issued picture identification (for example, your driver's	Hajrudin First name	Sanda First name		
	license or passport).	Middle name	Middle name		
	Bring your picture identification to your meeting with the trustee.	Catic Last name and Suffix (Sr., Jr., II, III)	Catic Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years Include your married or maiden names.				
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6254	xxx-xx-1518		

Case 19-11184-reg Doc 1 Filed 07/03/19 Page 2 of 40 Debtor 1 Hajrudin Catic Debtor 2 Sanda Catic Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and Employer Identification Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years AC TRANSPORT Include trade names and Business name(s) doing business as names 46.4970862 EINs Where you live If Debtor 2 lives at a different address: 12351 Gondola Parkway Fort Wayne, IN 46845 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Allen County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Why you are choosing Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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	btor 2 Sanda Catic				Case number (if known)				
Pa	rt 2: Tell the Court About	Your Bankr	uptcy Case						
7.	The chapter of the Bankruptcy Code you are	Check one (Form 201	. (For a brief desc 0)). Also, go to the	iption of each, see <i>Notice Required b</i> top of page 1 and check the appropri	y 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy ate box.				
	choosing to file under	Chapte	r 7						
		☐ Chapte	r 11						
		☐ Chapte	r 12						
		☐ Chapte	r 13						
8.	How you will pay the fee	abou orde a pre	it how you may pa r. If your attorney i e-printed address.	y the entire fee when I file my petition. Please check with the clerk's office in your local court for more det w you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or mo your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check when the daddress.					
		☐ I nee	ed to pay the fee i	n <mark>installments.</mark> If you choose this op Iments (Official Form 103A).	tion, sign and attach the Application for Individuals to Pay				
		☐ I req	uest that my fee s not required to, v	oe waived (You may request this opti aive your fee, and may do so only if y	on only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line tha in installments). If you choose this option, you must fill out				
					icial Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.							
	last o years:		District	When	Case number				
			District	When	Case number Case number				
			District	When	Case number				
10.	not filing this case with you, or by a business	■ No □ Yes.							
	partner, or by an affiliate?								
			Debtor		Relationship to you				
			District	When	Case number, if known				
			Debtor		Relationship to you				
			District	When	Case number, if known				
11.	Do you rent your residence?	No.	Go to line 12.						
	residence:	☐ Yes.	Has your landlore	obtained an eviction judgment again	st you?				
			☐ No. Go to	line 12.					
			Yes. Fill o	ut <i>Initial Statement About an Eviction</i> uptcy petition.	Judgment Against You (Form 101A) and file it as part of				

Case 19-11184-reg Doc 1 Filed 07/03/19 Page 4 of 40 Hajrudin Catic Debtor 1 Debtor 2 Sanda Catic Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure Bankruptcy Code and are you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or

livestock that must be fed,

or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

r Debt Debt		(Case 19-11184-reg Doc 1 Filed 07	7/03/1	19 Page 5 of 40 Case number (if known)
Part	Explain Your Efforts	to Re	ceive a Briefing About Credit Counseling		
	Tell the court whether		out Debtor 1:		out Debtor 2 (Spouse Only in a Joint Case): u must check one:
	you have received a briefing about credit counseling.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate o completion.
	The law requires that you receive a briefing about credit counseling before		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
(ile. f you file anyway, the court an dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
3	vill lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case. Your case may be dismissed if the court is		Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
	1				Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		
			I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			 Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. 		☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a		☐ Active duty. I am currently on active military duty in a military

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

combat zone.

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	otor 1 Hajrudin Catic otor 2 Sanda Catic			Case numb	er (if known)					
Par		tions for F	deporting Purposes							
100000000	What kind of debts do you have?	16a.								
			Yes. Go to line 17.							
		16b.	Are your debts primarily to money for a business or inv	pusiness debts? Business debts are debts vestment or through the operation of the bus	s that you incurred to obtain siness or investment.					
			☐ No. Go to line 16c.							
			☐ Yes. Go to line 17.							
		16c.	State the type of debts you	owe that are not consumer debts or busine	ss debts					
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	or 7. Go to line 18.						
	Do you estimate that after any exempt property is excluded and	Yes.	I am filing under Chapter 7. are paid that funds will be a	Do you estimate that after any exempt proposal vallable to distribute to unsecured creditors	perty is excluded and administrative expenses ?					
	administrative expenses are paid that funds will		■ No							
	be available for distribution to unsecured creditors?	I	☐ Yes							
18.	•	1 -49		□ 1,000-5,000	□ 25,001-50,000					
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	<u>50,001-100,000</u>					
		□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000					
19.	How much do you estimate your assets to	□ \$0 - \$		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	be worth?		01 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion					
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion					
20.	How much do you estimate your liabilities	□ \$0 - \$	•	\$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion					
	to be?		01 - \$100,000 001 - \$500,000	☐ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion					
			001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ More than \$50 billion					
Part	7: Sign Below									
For	you	I have ex	amined this petition, and I de	clare under penalty of perjury that the infor	mation provided is true and correct.					
		If I have o United St	hosen to file under Chapter ates Code. I understand the	7, I am aware that I may proceed, if eligible relief available under each chapter, and I cl	under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.					
		If no attor documen	ney represents me and I did t, I have obtained and read th	not pay or agree to pay someone who is no ne notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this					
		I request	relief in accordance with the	chapter of title 11, United States Code, spe	cified in this petition.					
		I understa bankrupto and 3571	cy case can result in fines up	t, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,					
		Hajrudir Signature	Catic of Debtor 1	Sanda Catic Signature of Debto	12 / JUC					
		Executed	on <u></u> = -1 - 19 MM/DD/YYYY	Executed on	07/11/9					

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Debtor 1 Hajrudin Catic Debtor 2 Sanda Catic		Case number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(a) named in this petition, declare tha under Chapter 7, 11, 12, or 13 of title 11, United States Code, and for which the person is eligible. I also certify that I have delivered	have explained the relief available under each chapter
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify that I have schedules filed with the petition is incorrect.	no knowledge after an inquiry that the information in the pate 7 3 7 7 MM / DD / YYYY
	Number, Street, City, State & ZIP Code Contact phone 260-480-5700 Email ad 1405-02 IN Bar number & State	dress Wehrweinpc@aol.com

Fill i	n this inform	ation to identify your	case:				
Debt	tor 1	Hajrudin Catic	Middle None	Lost Nome			
Debt	tor 2	Sanda Catic	Middle Name	Last Name			
(Spou	se if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Ban	kruptcy Court for the:	NORTHERN DISTRIC	T OF INDIANA			
Case (if kno	e number wn)						ck if this is an nded filing
		4000					
		<u>m 106Sum</u>	and Liabilities a	nd Cartain Statistical Inform	otion		40/4 F
Be as	complete a	nd accurate as possib	le. If two married peopl	nd Certain Statistical Inform le are filing together, both are equally resp	onsible fo		
				the information on this form. If you are fili ck the box at the top of this page.	ng amend	ed sched	ules after you file
Part	1: Summa	rize Your Assets					
							assets of what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fo 55, Total real estate, fr	orm 106A/B) om Schedule A/B		*********	\$	285,000.00
						\$	61,100.00
	1c. Copy line	63, Total of all property	on Schedule A/B			\$	346,100.00
Part 2	2: Summa	rize Your Liabilities					
							iabilities nt you owe
			aims Secured by Propert on A, Amount of claim, a	y (Official Form 106D) t the bottom of the last page of Part 1 of <i>Sche</i>	edule D	\$	959,902.00
3.	<i>Schedule E/F</i> 3a. Copy the	: Creditors Who Have total claims from Part 1	Insecured Claims (Official (priority unsecured claim	al Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>		\$	0.00
:	3b. Copy the	total claims from Part 2	? (nonpriority unsecured	claims) from line 6j of Schedule E/F		\$	196,455.00
				Your total	liabilities	\$	1,156,357.00
				i our total	abiiitioo	<u> </u>	1,100,007.00
Part 3	Summa	rize Your Income and	Expenses				
4.	Schedule I: Y	our Income (Official Form	m 106l) from line 12 of <i>Schedul</i>	e l		\$	3,485.00
5.	Schedule J: Y	our Expenses (Official	Form 106J)			\$	3,985.00
		,	Administrative and Sta			*	
			r Chapters 7, 11, or 137				
1	-			Check this box and submit this form to the cou	art with you	ır other sc	hedules.
7. \	Yes What kind of	debt do you have?					
ı				debts are those "incurred by an individual pri 9g for statistical purposes. 28 U.S.C. § 159.	marily for a	a personal	, family, or
i				eve nothing to report on this part of the form.	Check this	box and s	submit this form to
Officia	the court al Form 106S	with your other schedu um Summary o		ilities and Certain Statistical Information			page 1 of 2

Debtor 1 Debtor 2	Hajrudin Catic Sanda Catic	Case number (if known)	
	n the <i>Statement of Your Current Monthly Income</i> : Copy your total current A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	t monthly income from Official Form	\$ 4333,00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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	Ouse	13 1110-	Fieg Doc I	1 1100 01700/13	r age 10 t	71 40		
Fill in this info	ormation to identify yo	ur case and ti	nis filing:		anderska (f. 1885) 1984 - Harris Brand, Brand 1984 - Brand, Brand			
Debtor 1	Hajrudin Catic			,				
D-54 0	First Name	Middle	e Name	Last Name				
Debtor 2 (Spouse, if filing)	Sanda Catic First Name	Middle	e Name	Last Name				
United States F	Bankruptcy Court for the	· NORTHER	RN DISTRICT OF IND	IANA				
Office Otales L	Jankiuptoy Count for the	, WOITHLE	AN DIOTAGE OF IND		***************************************			
Case number							☐ Check if t	
							amended	filing
Official Fo	orm 106A/B							
Schedu	le A/B: Pro	perty					12/15	
			an accet only once. If	an asset fits in more than one	ontonom: lint t	no accept in		
No. Go to Pa Yes. Where 1.1 12351 Go	art 2.		what is the property Single-family I	home			ims or exemption claims on Schec	
			Condominium	or cooperative or mobile home	Creditors Who		is Secured by Pro	
Fort Way	ne IN 46	8845-0000	☐ Land		entire propert		portion you ow	
City	State	ZIP Code	☐ Investment pro	operty	\$285,	00.00	\$285,	,000.00
			☐ Timeshare ☐ Other ☐ Who has an interest	t in the property? Check one		imple, tena	our ownership in ncy by the entire	
			☐ Debtor 1 only		IST	MOR	rg.	
Allen			☐ Debtor 2 only					
County			Debtor 1 and I	Debtor 2 only	- Check if	this is com	nunity property	
				f the debtors and another	(see instruc		, 1	
			•	ou wish to add about this iten	n, such as local			
			property identification	on namber.				

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Debto Debto		Hajrudin Catic Sanda Catic			Case	e number (if known)			
1.2	If you own or have more than one, list here: What is the property? Check all that apply								
	12351 Gondola Parkway Street address, if available, or other description			Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.				
C	Fort Walty Allen ounty	ayne IN Sta			Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Current value of the portion you own? \$0.00 your ownership interest lancy by the entireties, or		
pa Part 2:)o you	Descri	u have attached for the Your Vehicles ease, or have lega	or Part 1. Write tha	t numbe	your entries from Part 1, including any r here ny vehicles, whether they are registere chedule G: Executory Contracts and Une	d or not? Include any v	\$285,000.00		
Cars	0	trucks, tractors,	sport utility vehicle	es, moto	rcycles				
	Make: Model: Year:	F-150 2013		/ho has a Debtor 1 Debtor 2	•	Do not deduct secured of the amount of any secure Creditors Who Have Clair	ed claims on Schedule D: ms Secured by Property.		
		nate mileage:		Debtor 1	and Debtor 2 only one of the debtors and another	Current value of the entire property?	Current value of the portion you own?		
				Check i (see instr	f this is community property uctions)	\$1,500.00	\$1,500.00		
,		Ford Cargo Van 2018 nate mileage:		Debtor 1 Debtor 2 Debtor 1	•	Do not deduct secured cl the amount of any secure Creditors Who Have Clai Current value of the entire property?	ed claims on Schedule D:		
				Check if (see instr	this is community property uctions)	\$36,000.00	\$36,000.00		

Official Form 106A/B

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Deb Deb	tor 1 Hajrudin C tor 2 Sanda Cat		Ca	se number (if known)	
3,3	Make: Honda Model: Odysse		Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any secure	laims or exemptions. Put ed claims on <i>Schedule D:</i> ims Secured by Property.
	Year: 2016		☐ Debtor 2 only		
	Approximate mileage		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ At least one of the debtors and another	entire property :	portion you own:
	Other information.		At least one of the deptors and another		
			☐ Check if this is community property (see instructions)	\$18,000.00	\$18,000.00
Ex.	amples: Boats, trailer No Yes Make: Model: Year: Other information:	s, motors, personal wate	other recreational vehicles, other vehicles, and recraft, fishing vessels, snowmobiles, motorcycle and who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured control the amount of any secure Creditors Who Have Clair Current value of the entire property?	ed claims on Schedule D:
	Other information.			\$500.00	\$500.00
	boat, motor & tr	ailer	Check if this is community property (see instructions)	\$300.00	φ500.00
<i>E</i> >	No	furnishings inces, furniture, linens, cl	nina, kitchenware	İ	portion you own? Do not deduct secured claims or exemptions.
***	Yes. Describe				
		Households Good	ls and Furnishings		\$1,000.00
Ex		and radios; audio, video, Il phones, cameras, med	stereo, and digital equipment; computers, printers ia players, games	s, scanners; music collecti	ons; electronic devices
		2 TVs, 2 Cell Phor	es, 2 computers, printer		\$1,200.00
Ex		d figurines; paintings, pri iions, memorabilia, collec	nts, or other artwork; books, pictures, or other art o tibles	objects; stamp, coin, or ba	seball card collections;
9. Eq i	uipment for sports a	ographic, exercise, and o	other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and ka	yaks; carpentry tools;
	Yes. Describe				
	l Form 106A/B		Schedule A/B: Property		page 3

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Debtor 1 Hajrudin C Debtor 2 Sanda Cat		
	Bow-flex machine exercise machine	\$500.00
□No	les, shotguns, ammunition, and related equipment	
Yes. Describe		4400.00
	1 pistol	\$100.00
11. Clothes Examples: Everyday No Yes. Describe	clothes, furs, leather coats, designer wear, shoes, accessories	
	Clothes	\$500.00
12. Jewelry Examples: Everyday □ No ■ Yes. Describe	jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g	old, silver
	wedding rings & everyday Jewelry	\$1,000.00
 13. Non-farm animals Examples: Dogs, cats No Yes. Describe 14. Any other personal a No Yes. Give specific i 	nd household items you did not already list, including any health aids you did not list	
	e of all of your entries from Part 3, including any entries for pages you have attached t number here	\$4,300.00
Part 4: Describe Your Fina		
Do you own or have any	legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	ı have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	on
	Cash	\$50.00
17. Deposits of money Examples: Checking, institutions □ No ■ Yes	savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h . If you have multiple accounts with the same institution, list each. Institution name:	ouses, and other similar

Official Form 106A/B

Schedule A/B: Property

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Debto Debto		Hajrudin Ca Sanda Catio				Case number (if known)	
			17.1.	Checking	Chase Bank		\$10.00
			17.2.	Checking	First Source Bank		\$740.00
18. B o	хатр	mutual funds, les: Bond funds	or public , investme	ly traded stocks ent accounts with b	rokerage firms, money market acco	ounts	
				Institution or issue	r name:		
jo M	oint ve No	enture				inesses, including an interest in a	an LLC, partnership, and
Ц,	Yes.	Give specific inf		about themne of entity:		% of ownership:	
<i>N</i> <i>N</i> ■ i	legotia Ion-ne No	able instruments	include p nents are to ormation a	ersonal checks, ca hose you cannot tr	otiable and non-negotiable instr ashiers' checks, promissory notes, a ransfer to someone by signing or do	and money orders.	
E:	xampi No		IRA, ERIS	5A, Keogh, 401(k),	403(b), thrift savings accounts, or o	other pension or profit-sharing plans	3
ο,	Yes. L	ist each accour		ely. of account:	Institution name:		
Yo Ex	our sh xampi		d deposit	s you have made s	so that you may continue service or , public utilities (electric, gas, water	use from a company r), telecommunications companies,	or others
■ I					Institution name or individu	ıal:	
		es (A contract fo	or a period	lic payment of mon	ney to you, either for life or for a nur	mber of years)	
1		ls:	suer name	e and description.			
	U.S.C	s in an educatio 5. §§ 530(b)(1), {			դualified ABLE program, or unde	er a qualified state tuition progran	n.
		In:	stitution n	ame and descriptio	on. Separately file the records of an	ny interests.11 U.S.C. § 521(c):	
25. Tri	•	equitable or fu	ture inter	ests in property (d	other than anything listed in line	1), and rights or powers exercise	able for your benefit
		Give specific inf	ormation a	about them			
	xampi				and other intellectual property eds from royalties and licensing ag	reements	
	Yes. (Give specific info	ormation a	about them			
	xampl			general intangiblusive licenses, coo	les perative association holdings, liquo	or licenses, professional licenses	
	Yes. (Give specific info	ormation a	about them			
Money	y or p	roperty owed t	o you?				Current value of the

Official Form 106A/B Schedule A/B: Property

portion you own?
Do not deduct secured

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Debtor 1 Debtor 2	Hajrudin Catic Sanda Catic	Case number (if known)	
			claims or exemptions.
■ No	unds owed to you Give specific information about them, including whether you all	ready filed the returns and the tax years	
■ No	support les: Past due or lump sum alimony, spousal support, child sup Give specific information	port, maintenance, divorce settlement, property	settlement
Examp No	mounts someone owes you les: Unpaid wages, disability insurance payments, disability be benefits; unpaid loans you made to someone else	nefits, sick pay, vacation pay, workers' comper	sation, Social Security
⊔ Yes.	Give specific information		
	s in insurance policies les: Health, disability, or life insurance; health savings account	(HSA); credit, homeowner's, or renter's insuran	се
☐ Yes. N	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
If you a someor ■ No	erest in property that is due you from someone who has di re the beneficiary of a living trust, expect proceeds from a life i he has died. Give specific information	ied nsurance policy, or are currently entitled to rece	ive property because
□ res. v	Sive specific information		
33. Claims a Exampl	against third parties, whether or not you have filed a lawstes: Accidents, employment disputes, insurance claims, or right	uit or made a demand for payment ts to sue	
☐ Yes. I	Describe each claim		
34. Other co	ontingent and unliquidated claims of every nature, including	ng counterclaims of the debtor and rights to	set off claims
☐ Yes. I	Describe each claim		
■ No	ncial assets you did not already list		
□ res. (Give specific information	-	
	e dollar value of all of your entries from Part 4, including a t 4. Write that number here		\$800.00
Part 5: Desc	cribe Any Business-Related Property You Own or Have an Interest	In. List any real estate in Part 1.	
37. Do you ov	vn or have any legal or equitable interest in any business-related por Part 6.	property?	
☐ Yes. Go	to line 38.		
	ribe Any Farm- and Commercial Fishing-Related Property You Ow own or have an interest in farmland, list it in Part 1.	n or Have an Interest In.	
	own or have any legal or equitable interest in any farm- or o to Part 7.	commercial fishing-related property?	
☐ Yes.	Go to line 47.		

Official Form 106A/B

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	otor 1 otor 2	Hajrudin Catic Sanda Catic		Case number (if known)	
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list? es: Season tickets, country club membership			
_	_	Sive specific information			
54.	Add th	e dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	ist the Totals of Each Part of this Form			
55.	Part 1:	Total real estate, line 2			\$285,000.00
56.	Part 2:	Total vehicles, line 5	\$56,000.00		
57.	Part 3:	Total personal and household items, line 15	\$4,300.00		
58.	Part 4:	Total financial assets, line 36	\$800.00		
59.	Part 5:	Total business-related property, line 45	\$0.00		
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7:	Total other property not listed, line 54 +	\$0.00		
62.	Total p	ersonal property. Add lines 56 through 61	\$61,100.00	Copy personal property total	\$61,100.00
63.	Total o	f all property on Schedule A/B. Add line 55 + line 62			\$346,100.00

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Ħ	ill in this inform	nation to identify your case:				
D	ebtor 1	Hairudin Catic			graduated about 11 or as in the 12 of the 12 o	
_		First Name	Middle Name		Last Name	
	ebtor 2 pouse if, filing)	Sanda Catic First Name	Middle Name		Last Name	
'	·,	nkruptcy Court for the: NO	RTHERN DISTRICT OF			
U	ilited States Dai	ikidpley Coult for the. 140	KITILIN DISTRICT OF	וועטוו		
	ase number known)					☐ Check if this is an amended filing
\sim	fficial For	m 106C				
		· · · · · · · · · · · · · · · · · · · 		_	Kroni	
5	chedule	C: The Prope	erty You Cla	aim	n as Exempt	4/16
the nee cas For spe any	property you liseded, fill out and se number (if known each item of pecific dollar am papplicable sta	sted on Schedule A/B: Proper I attach to this page as many own). property you claim as exem lount as exempt. Alternative atutory limit. Some exempti	ty (Official Form 106A/B, copies of <i>Part 2: Additio</i> pt, you must specify the ly, you may claim the cons—such as those fo) as y nal Pa ne am full fa r heal	our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. air market value of the property be	one way of doing so is to state a being exempted up to the amount of benefits, and tax-exempt retirement
exe to t	emption to a pa the applicable s		the value of the proper			t, your exemption would be limited
1.	Which set of	exemptions are you claimin	i g? Check one only, eve	n if yo	our spouse is filing with you.	
	You are cla	iming state and federal nonba	ankruptcy exemptions.	11 U.	S.C. § 522(b)(3)	
	☐ You are cla	iming federal exemptions. 1	1 U.S.C. § 522(b)(2)			
2.	For any prope	erty you list on <i>Schedule A</i> /	B that you claim as exe	empt,	fill in the information below.	
		n of the property and line on	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
	Schedule A/B ti	nat lists this property	portion you own Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		ola Parkway Fort Wayne	\$285,000.00		\$38,600.00	Ind. Code § 34-55-10-2(c)(1)
	IN 46845 Ali Line from Sche	•			100% of fair market value, up to any applicable statutory limit	
	12351 Gond	ola Parkway Fort Wayne	, \$0.00		\$0.00	Ind. Code § 34-55-10-2(c)(1)
	Line from Sche				100% of fair market value, up to any applicable statutory limit	
	2013 Ford F-		\$1,500.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
	Line from cone	dalo 70D. V. I			100% of fair market value, up to any applicable statutory limit	
	2018 Ford Ca		\$36,000.00		\$0.00	Ind. Code § 34-55-10-2(c)(2)
	THE HOLL SCHE	мию <i>I</i> VD. 3.2			100% of fair market value, up to any applicable statutory limit	
	2016 Honda Line from Sche		\$18,000.00		\$7,339.00	Ind. Code § 34-55-10-2(c)(2)
	THE HOLL SCHE	uulo MD. J.J			100% of fair market value, up to any applicable statutory limit	
					1	STAL

51,539.00

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Brief description of the property and line on	Current value of the	Am	ount of the exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own Copy the value from Schedule A/B		eck only one box for each exemption.	openio and matanon oxompae
boat, motor & trailer	\$500.00	3	\$500.00	Ind. Code § 34-55-10-2(c)(2
Line from <i>Schedule A/B:</i> 4.1			100% of fair market value, up to any applicable statutory limit	
Households Goods and Furnishings Line from Schedule A/B: 6.1	\$1,000.00		\$1,000.00	Ind. Code § 34-55-10-2(c)(2
			100% of fair market value, up to any applicable statutory limit	,
2 TVs, 2 Cell Phones, 2 computers, printer	\$1,200.00		\$1,200.00	Ind. Code § 34-55-10-2(c)(2
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Bow-flex machine exercise machine in from Schedule A/B: 9.1	\$500.00	140 c.	\$500.00	Ind. Code § 34-55-10-2(c)(2
Lille Hotti Schedule Avb. 3.1			100% of fair market value, up to any applicable statutory limit	
1 pistol Line from Schedule A/B: 10.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2
and from ouredure Add. 10.1			100% of fair market value, up to any applicable statutory limit	
Clothes Line from Schedule A/B: 11.1	\$500.00		\$500.00	Ind. Code § 34-55-10-2(c)(2
and nom constant 772.			100% of fair market value, up to any applicable statutory limit	
vedding rings & everyday Jewelry ine from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	Ind. Code § 34-55-10-2(c)(2
and from conceduc FVD. 12.1			100% of fair market value, up to any applicable statutory limit	
Cash ine from <i>Schedule A/B</i> : 16.1	\$50.00		\$50.00	Ind. Code § 34-55-10-2(c)(3
ane nom schedule Arb. 10.1			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Bank ine from Schedule A/B: 17.1	\$10.00		\$10.00	Ind. Code § 34-55-10-2(c)(3
			100% of fair market value, up to any applicable statutory limit	
Checking: First Source Bank ine from Schedule A/B: 17.2	\$740.00		\$740.00	Ind. Code § 34-55-10-2(c)(3
ING HOLL CONCURS FUEL TILE			100% of fair market value, up to any applicable statutory limit	
are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere □ No □ Yes	years after that for ca	ses fil	ed on or after the date of adjustmen	,

Official Form 106C

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Fill in this infor	nation to identify yo	III' (260'			#####################################		
Debtor 1		ur vase.					
Debtor	Hajrudin Catic First Name	Middle Name Last Nam	e		-		
Debtor 2	Sanda Catic				_		
(Spouse if, filing)	First Name	Middle Name Last Nam	9				
United States Ba	nkruptcy Court for the	: NORTHERN DISTRICT OF INDIANA			_		
Case number							
(if known)							if this is an
						amend	ded filing
Official Forn	n 106D						
		Who Have Claims Secu	red by I	Properf	v		12/15
	Additional Page, fill it	If two married people are filing together, both a out, number the entries, and attach it to this for					
1. Do any creditors	have claims secured b	y your property?					
☐ No. Check	this box and submit t	his form to the court with your other schedule	s. You have i	nothing else	to report on thi	s form.	
Yes. Fill in	all of the information	below.					
Part 1: List A	Il Secured Claims						
for each claim. If m	ore than one creditor has	more than one secured claim, list the creditor separ s a particular claim, list the other creditors in Part 2. ical order according to the creditor's name.	As Amou Do no	nt of claim t deduct the	Column B Value of colla that supports		Column C Unsecured portion
2.1 1st Source	e Bank	Describe the property that secures the claim:		of collateral. 30,000,00	claim	\$0.00	If any \$30,000.00
Creditor's Name		12351 Gondola Parkway Fort				, , , , , , , , , , , , , , , , , , , 	
		Wayne, IN 46845 Allen County					
100 N. Mic South Ber	chigan nd, IN 46624	As of the date you file, the claim is: Check all the apply. Contingent	t				
Number, Street,	City, State & Zip Code	Unliquidated					
		☐ Disputed					
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.					
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage o car loan)	r secured				
Debtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	1)				
	ne debtors and another	☐ Judgment lien from a lawsuit					
Check if this cla		Other (including a right to offset)					
•							
Date debt was incu	ırred	Last 4 digits of account number					
2.2 1st Source	e Bank	Describe the property that secures the claim:	\$ <i>£</i>	52,100.00		\$0.00	\$52,100.00
Creditor's Name		2015 Cascadia Freightliner				, , , , , , , , , , , , , , , , , , , 	- 402,100100
		Business					
P.O. Box 7	' 83	As of the date you file, the claim is: Check all tha					
	id, IN 46624	apply. □ Contingent					
Number, Street,	City, State & Zip Code	Unliquidated					
180 4b1-1	h 40 Otra ala ama	Disputed					
Who owes the del	ot? Check one.	Nature of lien. Check all that apply.					
Debtor 2 only		 An agreement you made (such as mortgage of car loan) 	secured				
☐ Debtor 1 and Del		☐ Statutory lien (such as tax lien, mechanic's lier)				
_	e debtors and another	☐ Judgment lien from a lawsuit					
Check if this cla		Other (including a right to offset)					
Date debt was incu	rred	Last 4 digits of account number					

Official Form 106D

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Debtor 1 Hajrudin Catic		Case number (if known)		
First Name Middle N	Name Last Name	AADUMAAAA		
Debtor 2 Sanda Catic First Name Middle N	Name Last Name			
made i	Later Manne			
2.3 1st Source Bank	Describe the property that secures the claim:	\$58,100.00	\$0.00	\$58,100.00
Creditor's Name	2016 Cascadia Freightliner Business			
P.O. Box 783 South Bend, IN 46624	As of the date you file, the claim is: Check all that apply.	ı		
Number, Street, City, State & Zip Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.4 Advantage +	Describe the property that secures the claim:	\$4,500.00	\$0.00	\$4,500.00
Creditor's Name	2006 Volvo	7.33	¥3,33	
	Semi Business			
Dept. 59475	As of the date you file, the claim is: Check all that			
Milwaukee, WI 53259	apply. □ Contingent			
Number, Street, City, State & Zip Code	■ Unliquidated			
Number, Street, Oity, State & Zip Gode	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.5 Banterra Bank	Describe the property that secures the claim:	\$58,000.00	\$0.00	\$58,000.00
Creditor's Name	2016 Cascadia			
	Freightliner Business			
3201 Banterra Dr.	As of the date you file, the claim is: Check all that			
Marion, IL 62959	apply. □ Contingent			
Number, Street, City, State & Zip Code	■ Unliquidated			
Hambor, on ook, only, order a 219 order	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.6 BMO Harris Bank	Describe the property that secures the claim:	\$40,125.00	\$0.00	\$40,125.00

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 6

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Debtor 1 Hajrudin Catic First Name Middle 1		Case number (if known)		
First Name Middle Middl	Name Last Name			
First Name Middle N	Name Last Name			
Creditor's Name	2015 Volvo 780 Buisness			
P.O. Box 71951 Chicago, IL 60694	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
Number, Street, City, State & Zip Code Who owes the debt? Check one.	■ Unliquidated □ Disputed Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or sec	cured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Cit Digital/Direct Capital				
Leases	Describe the property that secures the claim:	\$134,303.00	\$0.00	\$134,303.00
Creditor's Name	2019 Hyundai Dry Van Business			
155 Commerce Way Portsmouth, NH 03801	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
Number, Street, City, State & Zip Code Who owes the debt? Check one.	■ Unliquidated □ Disputed Nature of lien. Check all that apply.	·		
☐ Debtor 1 only	An agreement you made (such as mortgage or sec	cured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	car loan) ☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt Date debt was incurred	Last 4 digits of account number			
Date debt was incurred	Last 4 digits of account number			
2.8 Honda Financial Services	Describe the property that secures the claim:	\$10,661.00	\$18,000.00	\$0.00
Creditor's Name	2016 Honda Odyssey			
P.O. Box 5308 Elgin, IL 60121	As of the date you file, the claim is: Check all that apply. ☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
☐ Debtor 1 only	An agreement you made (such as mortgage or sec	ured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.9 NewRez	Describe the property that secures the claim:	\$225,000.00	\$285,000.00	\$0.00

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Del	btor 1	Hajrudin Catic		Case number (if known)		
Dol	htor 2	First Name Middle N Sanda Catic	Name Last Name			
Dei	0(0) 2	First Name Middle N	lame Last Name			
	Credit	tor's Name	12351 Gondola Parkway Fort Wayne, IN 46845 Allen County			
		. Box 51850 onia, MI 48151	As of the date you file, the claim is: Check all that apply. Contingent	J		
	Numb	er, Street, City, State & Zip Code	■ Unliquidated □ Disputed			
	o owes Debtor 1	s the debt? Check one.	Nature of lien. Check all that apply.			
	Debtor 2	•	An agreement you made (such as mortgage or s car loan)	secured		
		1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	Check i	one of the debtors and another f this claim relates to a unity debt	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
Date	e debt v	was incurred	Last 4 digits of account number			
2.1 0	Part	ners 1st	Describe the property that secures the claim:	\$38,650.00	\$36,000.00	\$2,650.00
	Credite	or's Name	2018 Ford Cargo Van			
		Directors Row	As of the date you file, the claim is: Check all that apply.			
		Wayne, IN 46808	Contingent			
		er, Street, City, State & Zip Code	■ Unliquidated □ Disputed			
		the debt? Check one.	Nature of lien. Check all that apply.			
	Debtor 1 Debtor 2		An agreement you made (such as mortgage or s car loan)	secured		
		and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	Check if	one of the debtors and another f this claim relates to a inity debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Date	debt w	vas incurred	Last 4 digits of account number			
2.1	Sum	itomo Finance and	Describe the property that secures the claim:	\$178,622.00	\$0.00	\$178,622.00
•		or's Name	2015 Trailer Business			
		Third Ave. 8th floor York, NY 10017	As of the date you file, the claim is: Check all that apply. □ Contingent			
	Numbe	er, Street, City, State & Zip Code	Unliquidated			
Who	owes	the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	ebtor 1 ebtor 2	•	An agreement you made (such as mortgage or s car loan)	ecured		
		and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
		one of the debtors and another	☐ Judgment lien from a lawsuit			
		this claim relates to a nity debt	Other (including a right to offset)			
Date	debt w	as incurred	Last 4 digits of account number			

Official Form 106D

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Debtor 1 Hajrudin Catic		Case number (if known)			
First Name Middle I	Name Last Name	-			
Debtor 2 Sanda Catic	Last Maria				
First Name Middle I	Name Last Name				
2.1					
2 Teachers Credit Union	Describe the property that secures the claim:	\$9,000.00	\$1,500.00	\$7,500.00	
Creditor's Name	2013 Ford F-150				
4400 (1) 11 1 01	As of the date you file, the claim is: Check all that				
110 South Main St. South Bend, IN 46624	apply.				
	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only					
Debtor 2 only	An agreement you made (such as mortgage or car loan)	securea			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	☐ Other (including a right to offset)				
community debt	D Other (including a right to onset)				
•					
Date debt was incurred	Last 4 digits of account number				
2.1 Volvo Financial Services	Describe the property that secures the claim:	\$86,841.00	\$0.00	\$86,841.00	
Creditor's Name	2017 Volvo 780				
	Business				
P.O. Box 26131	As of the date you file, the claim is: Check all that apply.				
Greensboro, NC 27402	☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage or state of the such as mortgage).	secured			
☐ Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number				
2.1					
4 Wabash National	Describe the property that secures the claim:	\$34,000.00	\$0.00	\$34,000.00	
Creditor's Name	2016 Wabash				
	Dry van Business				
	As of the date you file, the claim is: Check all that				
655 Buisness Center Dr.	apply.				
Horsham, PA 19044	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as mortgage or s	ecured			
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
·					
Date debt was incurred	Last 4 digits of account number				

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1 Hajrudin Catic				Case number (if known)	
	First Name	Middle Name	Last Name		
Debtor 2	Sanda Catic				
	First Name	Middle Name	Last Name		
Add the	dollar value of your en	ries in Column A on this pag	e. Write that number here:	\$959,902.00	ī
	•	orm, add the dollar value total		φ333,302.00	-
	it number here:	orin, add the donar value total	s nom an pages.	\$959,902.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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·		· ·				
Fill in this information to id	lentify your case:			3 1. av.		
Debtor 1 Hajrudi	in Catic					
First Name	Mide	dle Name	Last Name			
Debtor 2 Sanda (Spouse if, filing) First Name		dle Name	Last Name			
United States Bankruptcy Co	ourt for the: NORTH	ERN DISTRICT OF IN	NDIANA			
Case number						
(if known)				, -	heck if this is an	
				aı	mended filing	
Official Form 106E/F	 					
Schedule E/F: Cred	<u>ditors Who Ha</u>	ve Unsecured	Claims		12/15	
Schedule G: Executory Contract Schedule D: Creditors Who Hav left. Attach the Continuation Pag name and case number (if know	ts and Unexpired Leases e Claims Secured by Proge to this page. If you ha min).	s (Official Form 106G). I operty. If more space is eve no information to re	list executory contracts on Sched Do not include any creditors with needed, copy the Part you need, port in a Part, do not file that Part	partially secured claims fill it out, number the ent	that are listed in ries in the	
Part 1: List All of Your Pl						
1. Do any creditors have prior	ity unsecured claims ag	ainst you?				
No. Go to Part 2.						
☐ Yes. Part 2: List All of Your N	ONDDIODITY Unacqui	rod Claima				
3. Do any creditors have nonp	•	•				
☐ No. You have nothing to r	eport in this part. Submit t	his form to the court with	your other schedules.			
Yes.						
unsecured claim, list the cred	litor separately for each cla	aim. For each claim listed	ne creditor who holds each claim. d, identify what type of claim it is. Do have more than three nonpriority un	not list claims already incl	uded in Part 1. If more	
					Total claim	
4.1 American Express	3	Last 4 digits of acc	ount number		\$27,055.00	
Nonpriority Creditor's Na	.me	- When was the debt	inourrad?	•	-	
P.O. Box 650448 Dallas, TX 75265		Wilell was the debi	LIIIGUIIGU			
Number Street City State	Number Street City State Zip Code As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.					
☐ Debtor 1 only						
☐ Debtor 2 only Unliquidated						
Debtor 1 and Debtor	Debtor 1 and Debtor 2 only					
\square At least one of the de	btors and another		RITY unsecured claim:			
Check if this claim is	s for a community	☐ Student loans				
debt Is the claim subject to o	offset?	☐ Obligations arising report as priority clai	ng out of a separation agreement or ms	divorce that you did not		
No			or profit-sharing plans, and other si	milar debts		
□ Yes			Multiple Accounts			
hand 1 GO		Other. Specify _	manipio Accounts			

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Debtor 1 Hajrudin Catic Debtor 2 Sanda Catic		Case number (if known)			
4.2	Post Buy Credit Samina	Last 4 digits of account number	¢E 42E 00		
4.2	Best Buy Credit Service Nonpriority Creditor's Name P.O. Box 78009	When was the debt incurred?	\$5,135.00		
-	Phoenix, AZ 85062 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
	Bonded Collection Corporation Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00		
	P.O. Box 2248	When was the debt incurred?			
	Norcross, GA 30091 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	Debts to pension or profit-sharing plans, and other similar debts			
	□ Yes	Other. Specify Business			
		— Other, Specify			
4.4	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	\$20,065.00		
1	P.O. Box 6492	When was the debt incurred?			
-1	Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
Debtor 2 only		Unliquidated			
i	Debtor 1 and Debtor 2 only	☐ Disputed			
[☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
C	debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
Ì	No No	\square Debts to pension or profit-sharing plans, and other similar debts			
[□Yes	Other. Specify Multiple Accounts			
		,			

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	r 1 Hajrudin Catic r 2 Sanda Catic	Case number (if known)			
4.5	Capital One	Last 4 digits of account number	\$4,925.00		
	Nonpriority Creditor's Name P.O. Box 6492	When was the debt incurred?			
	Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans			
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	Is the claim subject to offset? ■ No	□ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Business			
4.6	Chase	Last 4 digits of account number	\$4,930.00		
	Nonpriority Creditor's Name P.O. Box 15123	When was the debt incurred?			
	Wilmington, DE 19850 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No No	\square Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify			
4.7	Citi Cards	Last 4 digits of account number	\$21,145.00		
	Nonpriority Creditor's Name P.O. Box 9001016	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	□Yes	Other. Specify			

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Debtor 1 Hajrudin Catic Debtor 2 Sanda Catic		Case number (if known)			
4.8	Citi Cards	Last 4 digits of account number	\$12,210.00		
	Nonpriority Creditor's Name P.O. Box 78045 Phoenix A 7 85062	When was the debt incurred?			
	Phoenix, AZ 85062 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.9	Citi Cards Nonpriority Creditor's Name	Last 4 digits of account number	\$30,680.00		
	P.O. Box 784045 Phoenix, AZ 85062	When was the debt incurred?			
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Multiple Accounts			
4.1			\$8,090.00		
0	Citi Cards Nonpriority Creditor's Name	Last 4 digits of account number	φο,υσυ.υυ		
	P.O. Box 9001016 Louisville, KY 40290	When was the debt incurred?			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Business			
		— Onto: Opeony			

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	r 1 Hajrudin Catic r 2 Sanda Catic	Case number (if known)			
4.1	Comenity Capital Bank	Last 4 digits of account number	\$3,000.00		
1	Nonpriority Creditor's Name				
	P.O. Box 183003	When was the debt incurred?			
1	Columbus, OH 43218 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.1	Credit Control Corporation	Last 4 digits of account number	\$279.00		
2	Nonpriority Creditor's Name				
	P.O. Box 120630	When was the debt incurred?			
	Newport News, VA 23612 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	The of the date you may the claim for check an that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	\square Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No No	Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify			
4.1	Discover	Last 4 digits of account number	\$9,035.00		
	Nonpriority Creditor's Name	18/1			
	P.O. Box 6103 Carol Stream, IL 60197	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	Is the claim subject to oπset?	□ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			

Schedule E/F: Creditors Who Have Unsecured Claims

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	Hajrudin Catic Sanda Catic	Case number (if known)			
4.1 4	Home Depot Credit Services	Last 4 digits of account number	\$8,870.00		
	Nonpriority Creditor's Name P.O. Box 9001010	When was the debt incurred?			
-	Louisville, KY 40290 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent			
	Debtor 2 only				
		Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:			
	☐ At least one of the debtors and another	Student loans			
1	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	□ Yes	Other. Specify			
	JCPenney/Synchrony	Last 4 digits of account number	\$8,220.00		
1	Nonpriority Creditor's Name P.O. Box 960090 Orlando, FL 32896	When was the debt incurred?			
1	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
I	Debtor 1 only	☐ Contingent			
I	Debtor 2 only	■ Unliquidated			
l	Debtor 1 and Debtor 2 only	☐ Disputed			
]	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
1	☐ Check if this claim is for a community	☐ Student loans			
	debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
l	No	\square Debts to pension or profit-sharing plans, and other similar debts			
[☐ Yes	Other. Specify			
4.1 6	Macys	Last 4 digits of account number	\$8,285.00		
F	Nonpriority Creditor's Name P.O. Box 78008	When was the debt incurred?			
1	Phoenix, AZ 85062 Jumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	■ Unliquidated			
_	Debtor 1 and Debtor 2 only	☐ Disputed			
_	■ Debtor Fand Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans			
d	lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
200	No	\square Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes		Other. Specify			

Official Form 106 E/F

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	tor 1 Hajrudin Catic tor 2 Sanda Catic	Case number (if known)			
4.1 7	Paypal Credit	Last 4 digits of account number	\$4,450.00		
•	Nonpriority Creditor's Name P.O. Box 71202	When was the debt incurred?			
	Charlotte, NC 28272 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	\square Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify			
4.1 8	Sears	Last 4 digits of account number	\$8,360.00		
	Nonpriority Creditor's Name P.O. Bx 9001055	When was the debt incurred?	· · · · · · · · · · · · · · · · · · ·		
	Louisville, KY 40290 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify			
4.1	Synchrony	Last 4 digits of account number	\$1,340.00		
	Nonpriority Creditor's Name P.O. Box 960061	When was the debt incurred?			
	Orlando, FL 32896				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	■ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No No	\square Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes		Other. Specify			

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Debtor 1 Hajrudin Catic Debtor 2 Sanda Catic	Case number (if known)		
Tri-State	Last 4 digits of account number	\$9,381.00	
Nonpriority Creditor's Name 3439 East Ave. South	When was the debt incurred?		
La Crosse, Wi 54602 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. ☐ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No No	\square Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total				
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total	6f.	Student loans	6f.	\$ Total Claim 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 196,455.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 196,455.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in th	nis information to identify yo	our case:		And Andrew Comments of the Com	
Debtor 1	· ilajiaani vano				
	First Name	Middle Name	Last Name		
Debtor 2	- Janua Jano				
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	States Bankruptcy Court for the	e: NORTHERN DISTRICT OF II	NDIANA		
Case nu	ımber				
(if known)				☐ Check if the camended	
Be as co informati	mplete and accurate as pos	l, copy the additional page, fill it	iling together, both are ed	tes jually responsible for supplying o and attach it to this page. On the t	
	ou have any executory cont lo. Check this box and file this	tracts or unexpired leases? form with the court with your other	schedules. You have noth	ing else to report on this form.	
Y	es. Fill in all of the information	n below even if the contacts of lease	es are listed on <i>Schedule A</i>	/B:Property (Official Form 106 A/B)	
exar				state what each contract or lease poklet for more examples of execute	
Per	rson or company with whom Name, Number, Street, (you have the contract or lease City, State and ZIP Code	State what the conti	ract or lease is for	
	Stay Lock 8938 Lima Rd. Fort Wayne, IN 46818		Storage Unit		

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Fill in	this informa	tion to identify your	case:	Signature 1. Interpret 1.23		
Debtor	1	Hajrudin Catic	Middle Name	Last Name		
Debtor		Sanda Catic				
(Spouse		First Name	Middle Name	Last Name		
United	States Bank	ruptcy Court for the:	NORTHERN DISTRIC	I OF INDIANA		
Case n	number)					☐ Check if this is an amended filing
	ial Forr edule F	n 106H i: Your Cod e	ebtors			12/15
people fill it ou	are filing to t, and numb	gether, both are equa er the entries in the	ally responsible for sup	plying correct information the Additional Page to	n. If more space is	rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write
1. I	Do you have	any codebtors? (If y	ou are filing a joint case,	do not list either spouse as	s a codebtor.	
	No Yes					
				roperty state or territory? erto Rico, Texas, Washing		ty states and territories include)
	No. Go to line Yes. Did you		se, or legal equivalent liv	e with you at the time?		
in I For	ine 2 again	as a codebtor only if	that person is a guaran	tor or cosigner. Make su	re you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
		Your codebtor er, Street, City, State and ZIF	Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	12351 G	sport Inc. ondola Parkway vne, IN 46845			Schedule D, I Schedule E/F Schedule G Schedule G 1st Source Ban	, line
3.2	12351 G	sport Inc. ondola Parkway rne, IN 46845			Schedule D, I Schedule E/F Schedule G Advantage +	, line
3.3		sport Inc. ondola Parkway ne, IN 46845			■ Schedule D, I □ Schedule E/F □ Schedule G _ Banterra Bank	, line

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Hajrudin Catic Debtor 1 Sanda Catic		Case number (if known)
₩ 14 <u>14</u>	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	AC Transport Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	■ Schedule D, line2.6 □ Schedule E/F, line □ Schedule G BMO Harris Bank
3.5	AC Transport Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	Schedule D, line 2.7 ☐ Schedule E/F, line ☐ Schedule G Cit Digital/Direct Capital Leases
3.6	AC Transport Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	■ Schedule D, line2.11 □ Schedule E/F, line □ Schedule G Sumitomo Finance and Leasing
3.7	AC Transport Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	Schedule D, line 2.14 Schedule E/F, line Schedule G Volvo Financial Services
3.8	AC Transport Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	Schedule D, line Schedule E/F, line Schedule G Wabash National
3.9	AC Transportaion Inc. 12351 Gondola Parkway Fort Wayne, IN 46845	Schedule D, line Schedule E/F, line Schedule G 1st Source Bank

Fi	ll in this information to identify your	case:			-p4.84)					
D€	ebtor 1 Hajrudin C	atic								
Debtor 2 Sanda Catic (Spouse, if filing)					***************************************					
Ur	nited States Bankruptcy Court for th	e: NORTHERN DISTRI	CT OF INDIANA							
1	ase number Known)	_			Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:					
О	official Form 106I					MM / DD/ \		Tollowing date.		
	chedule I: Your Inc	come				IVIIVI / DD/ 1	1111		12/15	
spc atta	oplying correct information. If you buse. If you are separated and you ach a separate sheet to this form The describe Employment	ur spouse is not filing w . On the top of any additi	ith you, do not inclu	ide infor	mati	on about your spo	ouse. If n	nore space is	needed,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	2 or non-	filing spouse		
	If you have more than one job,	Employment status	Employed			Empl	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed			
	employers.	Occupation	Truck Driver -se	elf		***************************************				
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?							
Pai	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the ouse unless you are separated.	late you file this form. If	you have nothing to re	eport for	any	line, write \$0 in the	space. Ir	nclude your no	n-filing	
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all	empl	oyers for that perso	n on the	lines below. If	you need	
						For Debtor 1		ebtor 2 or ling spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,335.00	\$	0.00		
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	0.00		
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4,335.00	\$	0.00		

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	otor 1 otor 2	Hajrudin Catic Sanda Catic		Case	number (if known)					
Der	J(01 Z	Janua Cauc	-	Oddo	Tramber (ir known)		Constitutional desiration			
				For	Debtor 1		r Debtor n-filing s			
	Cop	by line 4 here	4.	\$	4,335.00	\$_		0.00		
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	850.00	\$		0.00)	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00)	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		0.00		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		0.00		
	5e.	Insurance	5e.	\$	0.00	\$_		0.00		
	5f.	Domestic support obligations	5f.	\$	0.00	\$		0.00		
	5g.	Union dues	5g.	\$_	0.00	\$_		0.00		
	5h.	Other deductions. Specify:	_ 5h.+	- \$_	0.00	+ \$_		0.00		
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	850.00	\$_		0.00	<u>) </u>	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,485.00	\$	~~~~	0.00		
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$	0.00	\$		0.00	1	
	8b.	Interest and dividends	8b.	\$	0.00	\$		0.00		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.	\$	0.00	\$		0.00		
	8d.	Unemployment compensation	8d.	\$	0.00	\$		0.00		
	8e.	Social Security	8e.	\$	0.00	\$		0.00	errere	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$		0.00		
	8g.	Pension or retirement income	8g.	\$	0.00	\$		0.00		
	8h.	Other monthly income. Specify:	_ 8h.+	· \$	0.00	+ \$		0.00		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$		0.0	0	
10.	Calc	sulate monthly income. Add line 7 + line 9.	10. \$		3,485.00 + \$		0.00	= \$	3,485.00	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain</i> les). 12.	\$	3,485.00	
13.	Do y	ou expect an increase or decrease within the year after you file this form?	,					Combi month	ned ly income	
		No.								
		Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

E	l in this informa	ation to identify y	our case.			ĺ		
					Norman (1994)	Chr	eck if this is:	
Dei	ebtor 1 Hajrudin Catic							
1	Debtor 2 Sanda Catic (Spouse, if filing)						A supplement show 13 expenses as of	ring postpetition chapter the following date:
Uni	ited States Bank	ruptcy Court for the	e: NORTI		MM / DD / YYYY			
1	se number known)							
0	fficial Fo	rm 106J						
S	chedule	J: Your	Exper	ises				12/1
Be	as complete ormation. If m	and accurate a	s possible eeded, atta	. If two married people anch another sheet to this	re filing together, be form. On the top of	oth are equ f any addit	ually responsible fo ional pages, write y	r supplying correct our name and case
		ribe Your Hous	ehold					
1.	ls this a joir □ No. Go to							
			in a separ	ate household?				
	II N		•					
	•	_	st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of Del	otor 2.	
2.	Do vou hav	e dependents?	□ No					
	Do not list D Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter	-	4	□ No ■ Yes
					Son		5	□ No ■ Yes
	,				Son		8	□ No ■ Yes
								☐ No
					Daughter		10	Yes
3.	expenses of	enses include f people other t d your depende	han 🖂	No Yes				
exp	imate your ex	ate Your Ongoi openses as of y a date after the	our bankri	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follower that are using the following the second secon	orm as a si J, check t	upplement in a Cha he box at the top of	pter 13 case to report the form and fill in the
the	lude expense value of such ficial Form 10	n assistance an	non-cash d have ind	government assistance i luded it on <i>Schedule I:</i> Y	f you know 'our Income		Your expe	Inses
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	e 4. :	\$	1,515.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	s insurance		4b.	\$	0.00
				pkeep expenses		4c.		0.00
-		owner's associal				4d. 5	\$	0.00
h	A dditional n	muca apentaga	ante tor va	ur residence, such as ho	THE EQUITY INANS	5 5	.π.	500.00

Debtor 1 Debtor 2	Hajrudin Catic Sanda Catic	Case number (if known)				
	Carrage Carro	Saco Hull	5. (/////////////////////////////			
	ities:	•	•			
6a.	Electricity, heat, natural gas	6a.		200.00		
6b.	Water, sewer, garbage collection	6b.		90.00		
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		0.00		
6d.	Other. Specify:	—— 6d. 7.		0.00		
	nd and housekeeping supplies Idcare and children's education costs	7. 8.	\$ 	600.00		
	thing, laundry, and dry cleaning	9.	\$ 	0.00		
	sonal care products and services	9. 10.	\$ \$	0.00		
	sonal care products and services lical and dental expenses	10.		0.00		
	nsportation. Include gas, maintenance, bus or train fare.	11.	Ψ	0.00		
	not include car payments.	12.	\$	0.00		
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00		
	ritable contributions and religious donations	14.	\$	0.00		
	ırance.					
	not include insurance deducted from your pay or included in lines 4 or 20.					
	. Life insurance	15a.		0.00		
	Health insurance	15b.		0.00		
	Vehicle insurance	15c.	\$	100.00		
	Other insurance. Specify:	15d.	\$	0.00		
Spe		16.	\$	0.00		
	allment or lease payments:	4-	•			
	Car payments for Vehicle 1	17a.		515.00		
	Car payments for Vehicle 2	17b.	\$	465.00		
	Other. Specify:	17c.	\$	0.00		
	Other. Specify:	17d.	\$	0.00		
	r payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00		
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you.		\$	0.00		
Spe		19.	Ψ	0.00		
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income.			
	Mortgages on other property	20a.		0.00		
20b.	Real estate taxes	20b.	\$	0.00		
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00		
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00		
	Homeowner's association or condominium dues	20e.	\$	0.00		
Oth	er: Specify:	21.	+\$	0.00		
	culate your monthly expenses Add lines 4 through 21.		•	0.005.00		
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	3,985.00		
			\$			
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	3,985.00		
Calc	ulate your monthly net income.		L			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,485.00		
	Copy your monthly expenses from line 22c above.	23b.	-\$	3,985.00		
				-,000100		
23c.	Subtract your monthly expenses from your monthly income.	_		F00.00		
	The result is your monthly net income.	23c.	\$	-500,00		
For e	ou expect an increase or decrease in your expenses within the year after yo xample, do you expect to finish paying for your car loan within the year or do you expect your fication to the terms of your mortgage?			or decrease because of a		
■ N						

Fill in this inform	ation to identify your	case:		and the second	
Debtor 1	Hajrudin Catic	Middle Name	Last Name		
Debtor 2	Sanda Catic	Middle Maine	East Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bank	kruptcy Court for the:	NORTHERN DISTRICT	T OF INDIANA		
Case number (if known)					☐ Check if this is an amended filing
Official Form					
<u>Declarati</u>	<u>on About a</u>	ın Individual	Debtor's S	chedules	12/15
years, or both. 18	or property by fraud in U.S.C. §§ 152, 1341, 1 Below		kruptcy case can resul	t in fines up to \$250,	000, or imprisonment for up to 20
Did you pay	or agree to pay some	one who is NOT an atto	rney to help you fill out	bankruptcy forms?	
No No					
☐ Yes. Na	me of person				nkruptcy Petition Preparer's Notice, on, and Signature (Official Form 119)
	rue and correct.	that I have read the sum	nmary and schedules file	unda fili	tion and
	of Debtor 1		Signature o		
Date	7-1-19		Date	7/1/19	